

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Examiner: Unknown

Kunio Shimizu et al.

Serial No: 10/004,385

Art Unit: 1734

Filed: November 1, 2001

For: Protective Film Of A Polarizing Plate

**RECEIVED**

BOX DAC  
 Commissioner for Patents  
 Washington, D.C. 20231

MAR 1 3 2002

OFFICE OF PETITIONS

**PETITION TO CORRECT INCORRECTLY ENTERED**

Adjustment date: 04/23/2002 AKELLEY  
 03/12/2002 GTEFFERA 00000067 071850 10004385 DATE-IN UNDER 37 CFR 1.10(d)  
 01 FC:122 130.00 CR

Dear Sir/Madam:

Attached is a copy of the filing receipt issued by the PTO for the above-identified application. The filing receipt shows that the PTO has accorded an incorrect filing date for the application. Pursuant to 37 C.F.R. § 1.10(d), Applicants request the Commissioner to accord the subject patent application a filing date as of November 1, 2001. In addition, issuance of a second corrected filing receipt is respectfully requested.

First, upon my personal knowledge, our office did not receive from the United States Postal Service (“USPS”) the customer copy of Express Mail Label No. EL852371030US. A photocopy of the Express Mail Label No. EL852371030US as filed on November 1, 2001 is enclosed herein as Exhibit A.

This petition has been filed promptly after the undersigned became aware that the PTO accorded a filing date other than the USPS deposit date.

The number of the “Express Mail” mailing label was placed on each piece of correspondence prior to the original mailing. The Transmittal Letter as filed showing the Express Mail Label No. EL852371030US is enclosed as Exhibit B. The first page of the

application as filed showing the Express Mail Label No. EL852371030US is enclosed as Exhibit C.

Also enclosed herein as Exhibit D is a copy of our office's mail log of new and unknown matters showing on the eighth entry that the new application was deposited as "Express Mail" prior to the last scheduled pickup on November 1, 2001. In table format, including column headings, the eighth entry reads:

| Date Sent Out | Name Of Sender or who it is addressed to. | Client/Matter# GL# or PERSONAL# | Total Number of Pieces | Total Amount |
|---------------|---|---------------------------------|------------------------|--------------|
| 11/1          | 56232 CK                                  | 56232—New A.                    | 1                      | 16.25        |

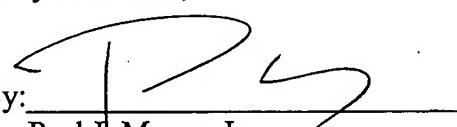
As supporting documentation, also enclosed are the declarations of Mr. Cameron Kerrigan, the attorney of record for the above-mentioned case, and Mr. Jason Jacobson, the mail room staff-person who personally deposited the new application on November 1, 2001.

You are hereby authorized to charge payment of the requisite petition fees under 37 CFR § 1.17(h), or charge any additional fee required under 37 C.F.R. § 1.17, or credit any overpayment of same, to Deposit Account No. 07-1850.

Date: March 8, 2002

Respectfully submitted,

Squire, Sanders & Dempsey L.L.P.  
One Maritime Plaza, Suite 300  
San Francisco, CA 94111-3492  
Telephone (415) 954-0345  
Facsimile (415) 393-9887

By:   
Paul J. Meyer, Jr.  
Attorney for Applicants  
Reg. No. 47,791

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Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |    |                        |                  |
|--|----|------------------------|------------------|
|  |    | Application Number     | 10/004,385       |
|  |    | Filing Date            | November 1, 2001 |
|  |    | First Named Inventor   | Kunio Shimizu    |
|  |    | Group Art Unit         | 1734             |
|  |    | Examiner Name          | Unknown          |
| Total Number of Pages in This Submission | 14 | Attorney Docket Number | 56232.10         |

## ENCLOSURES (check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br>(for an Application)   | <input type="checkbox"/> After Allowance Communication to Group                     |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information                                    |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input checked="" type="checkbox"/> Petition to Correct Incorrectly Entered Date-In  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Copy of Filing Receipt Mailed 1/15/02<br>Copy of Express Mail Label No. EL852371030US (Exhibit A)<br>Copy of Transmittal Letter (Exhibit B)<br>Copy of First Page of Application (Exhibit C)<br>Copy of Express Mail Log (Exhibit D)<br>Declaration of Cameron Kerrigan in Support of Petition to Correct Incorrectly Entered Date-In<br>Declaration of Jason Jacobson in Support of Petition to Correct Incorrectly Entered Date-In |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Squire, Sanders & Dempsey, L.L.P.<br>Paul J. Meyer, Jr. |
| Signature               |   |
| Date                    | March 8, 2002   |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope

addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 

|                       |                                |
|-----------------------|--------------------------------|
| Typed or printed name | Paul J. Meyer, Reg. No. 47,791 |
| Signature             |                                |
| Date                  | March 8, 2002                  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**Washington, D.C. 20231**

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 4/22/02

2 Serial/Patent # 101004,385

| 3 Please refund the following fee(s):                |   | 4 PAPER NUMBER                      | 5 DATE FILED          | 6 AMOUNT                     |
|--|---|-------------------------------------|-----------------------|------------------------------|
| <input type="checkbox"/>                             | Filing  |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Amendment   |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Extension of Time   |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Notice of Appeal/Appeal   |                                     |                       | \$                           |
| <input checked="" type="checkbox"/>                  | Petition  | 2                                   | 3-1-02                | \$ 130                       |
| <input type="checkbox"/>                             | Issue   |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Cert of Correction/Terminal Disc.                                   |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Maintenance   |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Assignment  |                                     |                       | \$                           |
| <input type="checkbox"/>                             | Other   |                                     |                       | \$                           |
|  |   | 7 TOTAL AMOUNT OF REFUND            | \$ 130                |                              |
|  |   | 8 TO BE REFUNDED BY:                |                       |                              |
| 10 REASON:   |   | Treasury Check                      |                       |                              |
| <input type="checkbox"/>                             | Overpayment   | <input checked="" type="checkbox"/> | Credit Deposit A/C #: |                              |
| <input type="checkbox"/>                             | Duplicate Payment   | <input type="checkbox"/>            | 9 07--1850            |                              |
| <input checked="" type="checkbox"/>                  | No Fee Due (Explanation):<br><br>Petition under 37 CFR 1.10 is free |                                     |                       |                              |
| 11 REFUND REQUESTED BY:                              |   |                                     |                       |                              |
| TYPED/PRINTED NAME:                                  |   | <u>Steven Brantley</u>              |                       | TITLE: <u>Petitioner/Att</u> |
| SIGNATURE:   |   | <u>Brantley</u>                     |                       | PHONE: <u>306-562-3</u>      |
| OFFICE:  |   | <u>Patent</u>                       |                       |                              |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** |   |                                     |                       |                              |
| APPROVED:  |   | <u>Alissa Kelley</u>                |                       | DATE: <u>4-23-02</u>         |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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1. **DATE OF REQUEST:** Enter the date you fill out the form.
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3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
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8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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